

12-12-93
Key

IOWA ARREST REPORT

Original Incident Case # **93-00020**
Agency ORI

Arrest Transaction/Booking Number **93-00014**

I D E N T I F I C A T I O N	Arrestee Sequence #	Name (Last, First, Middle) Soda, Samuel Joseph			Alias AKA Sam		SOC/OLN/OLS		
	<input checked="" type="checkbox"/> W - white <input type="checkbox"/> B - black <input type="checkbox"/> A - Asian		<input type="checkbox"/> I - Indian <input type="checkbox"/> U - unknown		<input type="checkbox"/> F - female <input checked="" type="checkbox"/> M - male	Date of Birth 2-2-50	Age 50	<input type="checkbox"/> H - Hispanic <input checked="" type="checkbox"/> N - non-Hispanic <input type="checkbox"/> U - unknown	Place of Birth (City, County, State, Zip) Des Moines
	Height 5-09	Weight 195	Eye Brn	Hair Blk	Skin Fair	Scars, Marks, Tattoos, Amputations			
	SID #		Miscellaneous ID#		FBI #		<input type="checkbox"/> R - resident <input type="checkbox"/> U - unknown <input type="checkbox"/> N - non-resident		
A R R E S T	Home Address (Street, City, State, Zip) Rt 2 Box 73A, Loring, SD 50149				Residence Phone 763-2104		Occupation		
	Employer (Name of Company/School) Trophy Shop				Business Address (Street, City, State, Zip) Adams & Maple, Creston, Iowa		Business Phone 781-6011		
	Location of Arrest (Street, City, State, Zip) Residence								
	Condition of Arrestee: <input type="checkbox"/> drunk <input checked="" type="checkbox"/> sober <input type="checkbox"/> drinking <input type="checkbox"/> narcotic		Resist Arrest? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Injuries? <input type="checkbox"/> Officer <input type="checkbox"/> Arrestee		Armed <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Weapon
J U V E N I S E	Arrestee Armed With: <input checked="" type="checkbox"/> 01 - unarmed <input type="checkbox"/> 11 - firearm <input type="checkbox"/> 12 - handgun <input type="checkbox"/> 13 - rifle <input type="checkbox"/> 14 - shotgun <input type="checkbox"/> 15 - other firearm <input type="checkbox"/> 16 - lethal cutting instrument <input type="checkbox"/> 11A - automatic firearm <input type="checkbox"/> 12A - automatic handgun <input type="checkbox"/> 14A - automatic shotgun <input type="checkbox"/> 15A - other automatic firearm								
	Date of Offense		Arrested (Day, Date, Time) 02-11-93 1700		Type of Arrest: <input type="checkbox"/> S - summoned/cited <input type="checkbox"/> O - on-view arrest <input type="checkbox"/> T - taken into custody		Arrested Before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Charge or Offense		State/City Statute		UCR Offense Code		Warrant # SIN/NIC		ORI/Case
	#1 Child Endangerment		726.6						
M I S C	Arrest Disposition: <input type="checkbox"/> Held <input checked="" type="checkbox"/> Bail <input type="checkbox"/> Tot - Le <input type="checkbox"/> Released <input type="checkbox"/> Other		If out on release, what type?		Arrested with accomplice(s) - Name & DOB				
	Juvenile Disposition: <input type="checkbox"/> H - handled and released <input type="checkbox"/> R - referred to adult court <input type="checkbox"/> R - referred to welfare agency <input type="checkbox"/> R - referred to other police agency <input type="checkbox"/> R - referred to juvenile court							Released to:	
	Parent or Guardian (Last, First, Middle Name)				Address (Street, City, State, Zip)			Phone	
	Parent's Employer			Occupation		Address (Street, City, State, Zip)			Phone
V E H	Year	Make	Model	Style	Color	License Plate #	License State	License Year	
	VIN		Impounded: <input type="checkbox"/> Yes <input type="checkbox"/> No			Location			
M I S C	Miranda								
	By: _____ Date: _____ Time: _____								
	Additional incidents cleared in this jurisdiction		Case # _____		Case # _____		Case # _____		Case # _____
	Arresting Officer		I.D. # 88-17		Supervisor			I.D. #	

IN THE IOWA DISTRICT COURT IN AND FOR Union COUNTY

THE STATE OF IOWA
THE CITY/COUNTY OF Union
vs.

Before Magistrate Donald Clark

Criminal Number _____

COMPLAINT AND AFFIDAVIT

SODA, Samuel Joseph DOB/
RR. 2, box 73A, Lorimor, IA

The defendant is accused of the crime of Child Endangerment

726.6 of the Iowa Criminal Code/ 1991 in violation of Section

on or about the 9th day of February, 1993, (at approximately 7:30 o'clock

A. M.) at R. R. 2, Box 73A, Lorimor, IA
(location as definitely as known)

in Union County, did by an intentional and willful act use unreasonable force
that resulted in personal injury to a child in his care.

THEREFORE, Complainant requests that said Defendant, subject to bail or conditions of release where applicable,
(1) he arrested or that other lawful steps be taken to obtain Defendants appearance in court; or
(2) be detained, if already in custody, pending further proceedings;
and that said Defendant otherwise be dealt with according to law.

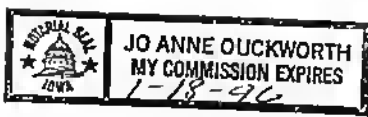
Complainant Don Tull 88-2
Signature of Complainant

STATE OF IOWA, County of Union ss.,

AFFIDAVIT

I, the undersigned, being duly sworn, state that the following facts known by me or told to me by other reliable persons form the basis for my belief that the Defendant committed this crime.

The defendant, Samuel J. Soda, did repeatedly strike a child born , repeatedly, causing him injuries. The child was in the care of the defendant at the time of the incident.



Don Tull 88-2
Signature of Affiant

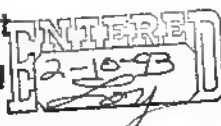
Subscribed and sworn to before me by the person(s) signing this Complaint (and affidavit(s)) on this the 11th day of February, 19 93.

Jo Anne Ouckworth
Signature of Notary

Complaint and affidavit(s) filed and probable cause found that the defendant committed the offense charged.

[X] Initial Incident

[] Supplemental



IOWA INCIDENT REPORT

Case Number

93-00020

ORI

V I C T I M I N F O R M A T I O N	Reported By <input checked="" type="checkbox"/> VICTIM		Address (Street, City, State, Zip)		Phone	Reported (day, date, time)	
						2-9-93 1:20 P.M.	
V I C T I M I N F O R M A T I O N	Victim Sequence #	Name (Last, First, Middle)		Address (Street, City, State, Zip)		Phone	
				50149 R.R. 2 BOX 73-A LORIMOR, IA.		763-2104	
T Y P E O F V I C T I M	Type of Victim (check only one):						
	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Financial <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Religious <input type="checkbox"/> Society-public <input type="checkbox"/> Other <input type="checkbox"/> Unknown						
I N J U R Y I N F O R M A T I O N	<input checked="" type="checkbox"/> Resident	<input checked="" type="checkbox"/> White	<input type="checkbox"/> Indian	<input type="checkbox"/> Female	DOB or Age	<input type="checkbox"/> Hispanic	SOC/OLN/OLS
	<input type="checkbox"/> Non-resident	<input type="checkbox"/> Black	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Male		<input checked="" type="checkbox"/> Non-Hispanic	
T Y P E O F I N J U R Y	Type of Injury (check up to five):						
	<input checked="" type="checkbox"/> Minor injury (bruises, abrasions, minor lacerations, sprains) <input type="checkbox"/> Severe lacerations <input type="checkbox"/> Scalds/burns <input type="checkbox"/> Possible internal injuries <input type="checkbox"/> Broken bones/skull fracture <input type="checkbox"/> Loss of teeth <input type="checkbox"/> Other major injury <input type="checkbox"/> Unconsciousness <input type="checkbox"/> None						
D A T E O C C U R R E N C E	Date Occurred: 2-9-93		Time Occurred:		Day of the Week		Special Reports:
	From: To:		From: To:		S M T W Th F Sa		<input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Bias Crime <input type="checkbox"/> LEOKA
O F F E N S E S	Offense #	Offense	State/City Statute	UCR Offense Code	Activity	Status	Location * Weapon type(s)
	1	ASSAULT	708 726 C			<input type="checkbox"/> A-attempted <input checked="" type="checkbox"/> C-completed	20 40
L O C A T I O N O F O F F E N S E	Location(s) of Offense(s): LIVING ROOM OF THE RESIDENCE OF SODA						
	01 Air/Bus/Train Terminal 08 Department/Discount Store 15 Jail/Prison 22 School/College 27 Farm Residence 02 Bank/Savings & Loan 09 Drug Store/Dr. 's Office/Hospital 16 Lake/Waterway 23 Service/Gas Station 28 Farm Buildings 03 Bar/Night Club 10 Field/Woods 17 Liquor Store 24 Specialty Store (TV, Fur, etc.) 29 Other Farm 04 Church/Synagogue/Temple 11 Government/Public Building 18 Parking Lot/Garage 25 Other Unknown 05 Commercial/Office Building 12 Grocery/Supermarket 19 Rental/Storage Facility* 26 Park 06 Construction Site 13 Highway/Road/Alley 20 Residence/Home *H #14 of #15 of #16 of #17 of #18 of #19 of #20 of #21 of #22 of #23 of #24 of #25 of #26 of #27 of #28 of #29 of #30 of #31 of #32 of #33 of #34 of #35 of #36 of #37 of #38 of #39 of #40 of #41 of #42 of #43 of #44 of #45 of #46 of #47 of #48 of #49 of #50 of #51 of #52 of #53 of #54 of #55 of #56 of #57 of #58 of #59 of #60 of #61 of #62 of #63 of #64 of #65 of #66 of #67 of #68 of #69 of #70 of #71 of #72 of #73 of #74 of 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OFFENDER	Check One: <input checked="" type="checkbox"/> Offender <input type="checkbox"/> Suspect	Offender Sequence #	Name (Last, First Middle) SODA, SAMUEL JOSEPH		Nickname/Alias SAM		Address (Street, City, State, Zip) LORIMOR, IOWA 50149 R.R. 2 BOX 73-A			
	<input checked="" type="checkbox"/> W - white <input type="checkbox"/> B - black <input type="checkbox"/> A - Asian	<input type="checkbox"/> I - Indian <input type="checkbox"/> U - unknown	<input type="checkbox"/> F - female <input checked="" type="checkbox"/> M - male <input type="checkbox"/> U - unknown	DOB or Age [REDACTED]	<input type="checkbox"/> H - Hispanic <input checked="" type="checkbox"/> N - non-Hispanic <input type="checkbox"/> U - unknown	Height 5'09"	Weight 189	Eyes BRO	Hair	
	SOC/OLN/OLS [REDACTED]		Relationship of victim # SC to offender:	Relationship of victim # to offender:	Arrest: <input type="checkbox"/> Y - yes <input checked="" type="checkbox"/> N - no	Offender suspected of using (check as many as apply): <input type="checkbox"/> A - alcohol <input type="checkbox"/> C - computer equipment <input type="checkbox"/> D - drugs <input checked="" type="checkbox"/> N - not applicable			Offender Present: <input type="checkbox"/> Y - yes <input checked="" type="checkbox"/> N - no	
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* SUSPECT	Check One: <input type="checkbox"/> Offender <input type="checkbox"/> Suspect	Offender Sequence #	Name (Last, First Middle)		Nickname/Alias		Address (Street, City, State, Zip)			
	<input type="checkbox"/> W - white <input type="checkbox"/> B - black <input type="checkbox"/> A - Asian	<input type="checkbox"/> I - Indian <input type="checkbox"/> U - unknown	<input type="checkbox"/> F - female <input type="checkbox"/> M - Male <input type="checkbox"/> U - unknown	DOB or Age	<input type="checkbox"/> H - Hispanic <input type="checkbox"/> N - non - Hispanic <input type="checkbox"/> U - unknown	Height	Weight	Eyes	Hair	
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	Relationship Codes: CH - child SC - stepchild NE - neighbor HR - homosexual OK - otherwise known SE - spouse GP - grandparent SS - stepsibling BE - babysitree relationship RU - relationship CS - common-law spouse GC - grandchild OF - other family member BG - boyfriend/girlfriend XS - ex-spouse unknown PA - parent IL - in-law AQ - acquaintance CF - child of boyfriend/ girlfriend EE - employee ST - stranger SB - sibling SP - stepparent FR - friend ER - employer VO - victim was offender									
WITNESS	Referrals: <input type="checkbox"/> N - none <input type="checkbox"/> L - legal <input type="checkbox"/> S - shelter <input type="checkbox"/> M - medical <input type="checkbox"/> C - counseling <input type="checkbox"/> F - financial assistance <input type="checkbox"/> O - other				Children: <input type="checkbox"/> U - present/unharmied <input type="checkbox"/> H - present/harmed <input type="checkbox"/> N - none present		Evidence Collected: <input type="checkbox"/> photos <input type="checkbox"/> fingerprints <input type="checkbox"/> other evidence			
	Witness(s) Name (Last, First, Middle)		Address (Street, City, State, Zip)			Home Phone		Business Phone		
ARRA	#1									
	#2									
STATUS	<input type="checkbox"/> active <input type="checkbox"/> inactive <input type="checkbox"/> cleared by arrest <input type="checkbox"/> unfounded		Exceptional Clearance: <input type="checkbox"/> A - suspect/offender dead <input type="checkbox"/> B - prosecution declined <input type="checkbox"/> C - extradition denied		<input type="checkbox"/> D - victim refused to cooperate <input type="checkbox"/> E - juvenile - no custody <input type="checkbox"/> N - not applicable <input type="checkbox"/> T - TOT another agency <input type="checkbox"/> W - warrant issued		Reporting Officer: <i>Van Tull</i> Supervisor:		I.D.# 88-2 I.D.#	
	Exceptional Clearance Date:				Entered By:		I.D.#			

VOLUNTARY STATEMENT

DATE 2-9-93 PLACE EAST UNION SCHOOL AFFON, IA TIME STARTED 2:30 p M

I, the undersigned, [REDACTED], am 16 years of age, my date and place of

birth being the [REDACTED] day of [REDACTED] 1996 at DES MOINES, IOWA

I now live at RR2 Box 73-A Lonsmoor, Iowa 50149

Before answering any questions or making any statements, D.A.S. S. GROSE, SUSAN

a person who identified himself as a UNION COUNTY DEPUTY SHERIFF VON TULH duly warned and advised me, and I know and understand that I have the following rights: That I have the right to remain silent and I do not have to answer any questions or make any statements at all; that any statement I make can and will be used against me in a court or courts of law for the offense or offense concerning which the following statement is hereinafter made; that I have the right to consult with a lawyer of my own choice before or at anytime during any questioning or statements I make; that if I cannot afford to hire a lawyer, I may request and have a lawyer appointed for me by the proper authority, before or at anytime during any questioning or statements that I make, without cost or expense to me; that I can stop answering any questions or making any statements at any time that I choose, and call for the presence of a lawyer to advise me before continuing any more questioning or making any more statements, whether or not I have already answered some questions or made some statements.

I do not want to talk to a lawyer, and I hereby knowingly and purposely waive my right to remain silent, and my right to have a lawyer present while I make the following statement to the aforesaid person, knowing that I have the right and privilege to terminate any interview at any time hereafter and have a lawyer present with me before answering any more questions or making any more statements, if I choose to do so.

I declare that the following voluntary statement is made of my own free will without promise of hope or reward, without fear or threat of physical harm, without coercion, favor or offer of favor, without leniency or offer of leniency, by any person or persons whomsoever.

on 2/9/93 It was an argument over who was going to feed the dogs. We were in the living room I was in a chair my dad was in a chair and my mom on the couch. It was 7:30 am when we started arguing. We were trying to figure out how to feed the dogs after school. I ~~wasn't~~ told him that I wasn't going to come home to feed the dogs, because I had other stuff to do. Then dad said someone better get on the bus to come home, then I said I wasn't going to. Then he ~~wasn't~~ said "you know what piss" and I said "what" then dad jumped out of his chair and hit me with his fist which knocked me and the chair backwards on the floor. He was over me hitting me and then told me to get up, so I did and he started saying stuff like "less fight" and then hit me and I said "I am

I have read each page of this statement consisting of 2 page(s), each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct. I further certify that I made no request for the advice or presence of a lawyer before or during any part of this statement, nor at any time before it was finished did I request that the statement be stopped. I also declare that I was not told or prompted what to say in this statement.

This statement was completed at [REDACTED] M. on the 9th day of FEBRUARY, 19 93

WITNESS: Susan Grose

WITNESS: Von Tull

[REDACTED]
Signature of person giving voluntary statement

STATEMENT OF:

not going to fight you then he hit me some more and kept on asking me if I would fight him, and I ~~replied~~ replied no, so he kept on hitting me then my brother jump in and grabbed me, and my mouth was swollen and I had a bloody nose. My mouth is numb. My brother Joe said he hit me about 15 times.

My mom and dad arrived and my dad says we had until 8:30 am to get our stuff and leave. Now we ~~have~~ ^{have} until Monday to leave.

~~XXXXXXXXXXXX~~

PLACE L. E. C.
DATE 02-15-93
TIME 10:25 A.M.

STATEMENT OF RIGHTS

Before you answer any questions or make any statement, you must fully understand your rights.

1. You have the right to remain silent.
2. Anything you say can and will be used against you in a court of law.
3. You have the right to consult with a lawyer before you answer any questions or make any statement and to have him present during questioning.
4. If you cannot afford a lawyer, one will be appointed for you before questioning or at any time during questioning, if you so desire.
5. If you answer questions or make any statement without consulting a lawyer or without having a lawyer present during questioning, you will still have the absolute right to stop answering questions or make any statements or to stop answering questions or making any statement until you consult with a lawyer or have a lawyer present during further questioning.

Van Hille 88-2
Name of Officer

ACKNOWLEDGMENT AND WAIVER OF RIGHTS

The above statement of my rights has been read and explained to me and I fully understand what my rights are. I am ready and willing to answer questions or to make a statement without first consulting with a lawyer or without having a lawyer present during questioning. In waiving my rights to remain silent, I wish to state that no promises or threats have been made to me and no persuasion or coercion has been used against me.

X REFUSED
WITNESS Chuan L. Rose

WITNESS

TIME 10:30 A.M.



